

Letter of Collaboration Request Form

The following information is needed to draft the Letter of Collaboration. If you have questions, please email Debbie Parkins in International Affairs, or call (541) 737-1503.

**Please note: We use DocuSign for the agreement routing and signing process. Institutional email addresses must be used.**

# Purpose of Agreement

### List any anticipated areas of collaboration, activities, or research covered by this agreement

**Areas of Collaboration:** Click or tap here to enter text.

### Provide a brief description of any past collaborations, activities, or research between OSU and the proposed partner

**Past Collaborations:** Click or tap here to enter text.

# Partner Institution

## Institution Name and Address

**Institution Name:** Click or tap here to enter text.

**Institution Address:** Click or tap here to enter text.

## Partner Institution Primary Contact

### This is the person responsible for monitoring and maintaining the activities of this partnership

**Primary Contact Name:** Click or tap here to enter text.

**Salutation:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Position & Department:** Click or tap here to enter text.

## Partner Institution Signatories

### Signer 1

**Name:** Click or tap here to enter text.

**Salutation:** Click or tap here to enter text.

**Institutional Email:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**College or Department:** Click or tap here to enter text.

### Signer 2

**Name:** Click or tap here to enter text.

**Salutation:** Click or tap here to enter text.

**Institutional Email:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**College or Department** Click or tap here to enter text.

# Oregon State University

## OSU Primary Contact

### This is the OSU faculty or staff member initiating, monitoring, and maintaining the activities of this partnership.

**OSU Contact Name:** Click or tap here to enter text.

**Salutation:** Click or tap here to enter text.

**University Email:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**College or Department:** Click or tap here to enter text.

## OSU College or Departmental Signatory

### This is the Dean or other approver who will sign the Letter of Collaboration

**OSU Signatory Name:** Click or tap here to enter text.

**Salutation:** Click or tap here to enter text.

**University Email:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**College or Department:** Click or tap here to enter text.